National AIDS Control Policy

4104. SHRI K. RAMA MOHANA RAO:
SHRI RAMA MUNI REDDY SIRIGIREDDY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) by when Government are going to bring before Parliament the first National AIDS Control Policy;

(b) the salient features of the proposed policy;

(c) the difference between 1998 draft policy and the present draft prepared by NACO;

(d) whether it is a fact that the proposed policy does not contain any action-plan; and

(e) if so, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) The policy has been approved by the Government on 02.04.2002.

(b) The salient features of National Policy for prevention and control of HIV/AIDS are as under:—

(i) To reaffirm Government's commitment for prevention and control of HIV infection and reduce its social impact.

(ii) To generate a feeling of ownership among all the participants, both in the Government and civil society, by treating it as a developmental issue and not merely as a public health programme.

(iii) To promote an enabling social environment for prevention of HIV/AIDS and for providing care and support to people living with HIV/AIDS by protecting their human rights including right to access health care system, right to education, employment and privacy.

(iv) To enlarge community mobilization by enlisting support of a large number of NGOs and community-based Organisations.

(v) To prevent women, children and other socially vulnerable groups from becoming infected by HIV/AIDS by improving health education, legal status and economic prospects.

(vi) To promote better understanding of HIV infection among young people, especially students, by educational programmes aimed at adopting safe behavioural practices.

(vii) To bring in horizontal integration with other national programmes like Reproductive and Child Health, TB Control, Integrated Child Development and Primary Health Care System.

(viii) To ensure availability of adequate and safe blood products for the general population through promotion of voluntary blood donation and rational use of blood.

(c) There is no major difference between 1998 draft policy and the present approved policy.

(d) and (e) No, Sir. The Policy includes implementation strategy.

Increase in life expectancy

4105. SHRI K.B. KRISHNA MURTHY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether India's gains in life expectancy climbing to 62 years and infant mortality dropping to 70 per thousand births are bettered by developing countries in Asia like China and Indonesia;

(b) whether our neighbour Bangladesh has a significantly lower infant mortality rate than ours;

(c) whether Government have seen the Index of Global Burden of Disease as measured by Disability Adjusted Life Years (DALY INDEX) according to which India accounting for a sixth of world's population bears about 20 per cent of the world's burden of diseases; and

(d) whether India's health policy will shift the emphasis from curative medicare to preventive medicare?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) As per UNFPA publication 'The State of